COMMONWEALTH OF KENTUCKY DEPARTMENT FOR NATURAL RESOURCES DIVISION OF OIL AND GAS http://oilandgas.ky.gov

300 Sower Blvd. Frankfort, KY 40601 Phone: (502) 573-0147 Fax: (502) 564-4245 (TYPE OR PRINT IN INK)



AFFIDAVIT TO TIME AND MANNER OF PLUGGING AND FILLING WELL AS REQUIRED BY 805 KAR 1:060

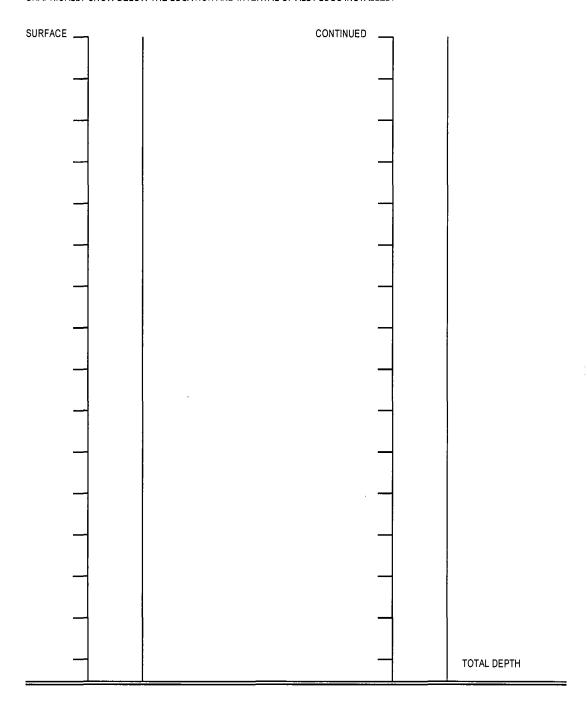
NAME AND ADDRESS	OF LAST OPERATOR				
E-MAIL ADDRESS OF	LAST OPERATOR				
NAME AND ADDRESS	OF ORIGINAL OPERATOR				
E-MAIL ADDRESS OF	ORIGINAL OPERATOR				
NAME AND ADDRESS	OF COAL OPERATOR				
E-MAIL ADDRESS OF	COAL OPERATOR				
PERMIT NO	ELEV	ATION	COUNTY	_	TOTAL DEPTH
CARTER COORDINATES	☐ FNL ☐ FSL	FEL SEC		LETTER	NUMBER
FARM OWNER (LESS	OR)			WELL NUMBER	
OPERATOR AND THE	DE IN TRIPLICATE, ONE COPY TO I THIRD TO BE MAILED BY REGISTE AFFIDAVIT (,				
	TED ACCORDING TO INSTRUCTIO	NS FROM THE OIL AND G	AS INSPECTOR AND ACCORD	DING TO CHAPTER 35	R THAT THE PLUGGING OF SAID 3 OF THE KENTUCKY REVISED
(PL	UGGED DATE) (BOTTOM) (TOP)	HOTTIS EIGTED BELOW OR		(PLUG DESCRIPTION)	
PLUGGED: FROM	TO	WITH		(i Loc Becomi Tion)	
	TO	_			
PLUGGED: FROM	TO	WITH			
PLUGGED: FROM	TO	WITH			
PLUGGED: FROM	TO	WITH			
PLUGGED: FROM	TO	WITH			
PLUGGED: FROM	TO	WITH			
PLUGGED: FROM	TO	WITH			
INDICATE BELO	W THE SIZE AND INTERVAL OF AL	L CASING LEFT IN THE WE	LL AND IF AND WHERE IT WA	AS SHOT OFF:	
	, INTERVAL				
	, INTERVAL				
	, INTERVAL	_		·	
IF CASING WAS	NOT LEFT IN THE WELL, INDICATE	THE BORE HOLE SIZE AN	D INTERVAL:		
CASING SIZE		INTERVAL	-	-	
CASING SIZE		INTERVAL	-,	-	
	DPERATION INCLUDED DOWN-HO E TENORM WASTE INTERVAL IN W				
(OPTIONAL)	SIGNATURE OF CONTRACTOR	RESPONSIBLE FOR ABOV	E PLUGGING	TITLE	
(REQUIRED)	SIGNATURE OF WELL OPERAT	OR (AUTHORIZED AGENT)		TITLE	
	SWORN TO AND SUBSRIBED BE	FORE ME THIS DATE	DAY OF	, 20	
				Notary Pub	lic
				i votal y i rub	
MY COMMISSION EXE FORM ED-38 (REV. 5/					

CEMENT TABLE

HOLE SIZE	2"	3"	4"	5"	6 1/2"	8"	8 1/2"	8 3/4"	10"	12"	16"
NO. FT. FILLED PER SACK OF CEMENT*	45'	20'	11'	7'	4'	2 3/4'	2 1/2'	2 1/3'	2'	1'	1/2'

^{*1} CUBIC FOOT PER SACK

GRAPHICALLY SHOW BELOW THE LOCATION AND INTERVAL OF ALL PLUGS INSTALLED.



IF THE WELL IS TO BELEFT AS A DOMESTIC WATER WELL, PLUG ACCORDING TO THE INSPECTOR'S INSTRUCTIONS, COMPLETE THIS FORM ON BOTH SIDES AND HAVE THE FOLLOWING AFFIDAVIT SIGNED BY THE REAL ESTATE OWNER.

AFFIDAVIT

BITIMATII	
I,, THE OWNER DESIRE THAT THE WELL BE LEFT OPEN FROM THE FRESH WATER ZONE TO THE ST ACCEPT THE FULL RESPONSIBILITY FOR SAID WATER WELL. THE OIL OPERATOR WATER ZONE.	JRFACE FOR USE AS A WATER WELL AND DO HEREBY
SIGNATURE OF OWNER OR HIS AGENT	DATE